

Waiver Wise

Technical Assistance for the Community Options Program Waiver COP-W

Wisconsin Department of Health & Family Services • Division of Supportive Living
Bureau of Aging & Long Term Care Resources

Volume 01 Issue 10

Nursing Home Closures, Relocations and CIP II

Background

When a nursing home closes or reduces its number of licensed beds, it can be a wonderful opportunity for county care managers to help people relocate back into the community. As most care managers are aware, there often are people residing in nursing homes who could live in the community with assistance.

The Community Integration Program (CIP II) for elderly and persons with physical disabilities is intended to *increase* the capacity of home and community-based care programs. As a result, CIP II slots have been created specifically for expanding community care resources. As stated in DSL Memo Series 2000-01, the Department of Health and Family Services (DHFS) may deny CIP II slots to an eligible county if the slots are not used for expanding community care resources.

The state budget sets the total CIP II allocation for each fiscal year. CIP II slots are allocated to a county on a “slot-for-bed” basis. However, the process of how CIP II slots are allocated is a complicated one, involving a number of rules and guidelines that govern the order of allocation.

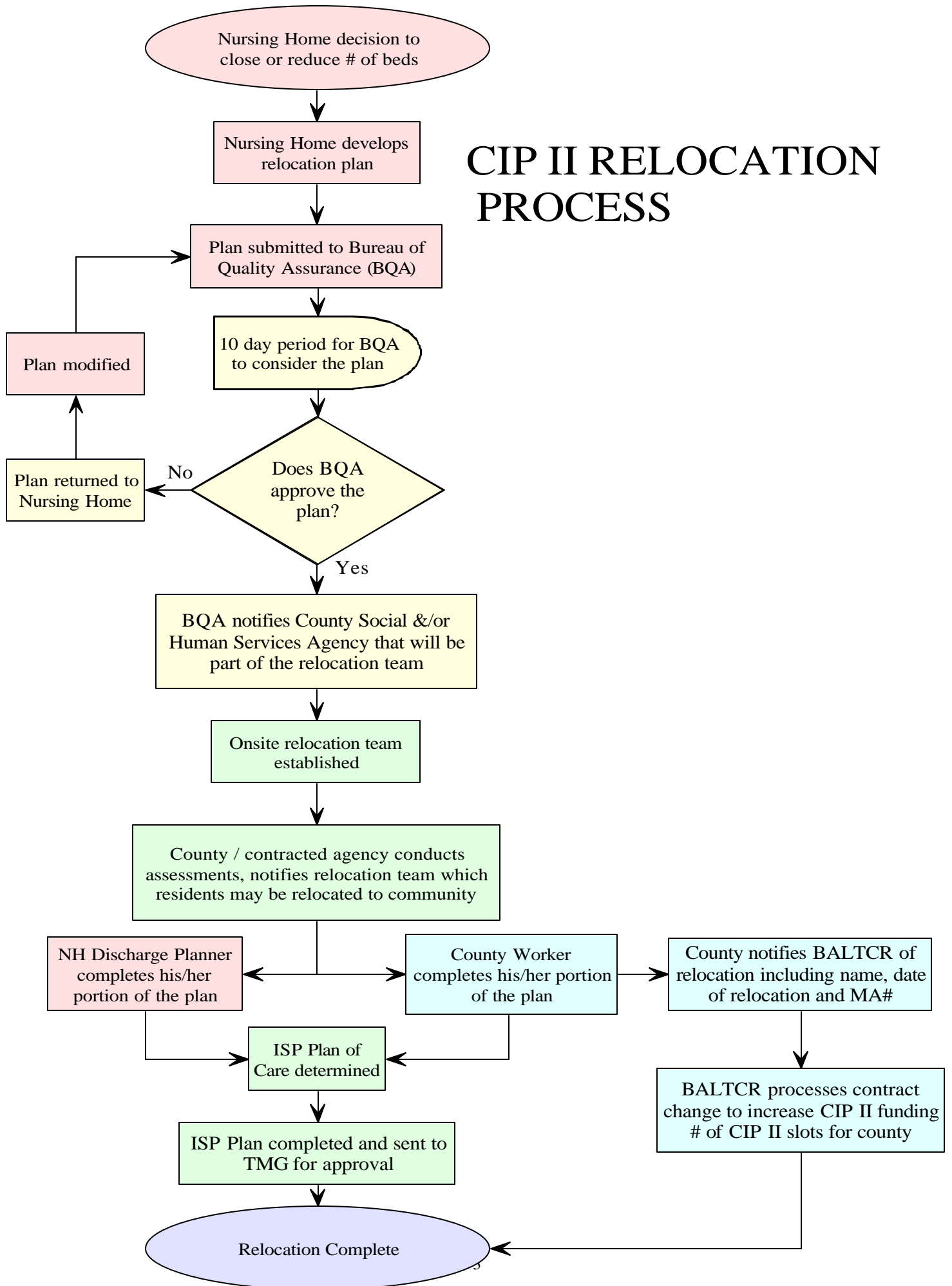
Here are a few basics about CIP II slot allocations:

- When a county reduces the number of beds in a county-owned facility, a CIP II slot will be awarded for each bed closed effective the date of bed closure.
- A CIP II slot will be created when a Medicaid-funded resident is relocated to a waiver eligible community setting and the nursing home bed is closed.
- CIP II slots may be awarded when beds are closed at a private facility without the relocation of a resident to the community. The number of CIP II slots given out without relocation depends on available resources in the budget and will be awarded at the end of the state fiscal year (July).

- If there are insufficient budgeted slots to match all beds closed statewide, CIP II allocations to counties will be prorated. A record is kept at the Bureau of Aging and Long Term Care Resources (BALTCR) of the number of closed beds that do not result in an allocation of a CIP II slot to eligible counties. These counties are given a “credit” indicating they are “owed” CIP II slots in the next fiscal year.
- CIP II “Loan Slots”
While they are not routinely made available as a result of a nursing home closure and resident relocation, CIP II “loan slots” sometimes fill the gap when residents relocate from a nursing home to the community. Loan slots are drawn from a pool of unused CIP II funds maintained by BALTCR. They may be allocated to a county when a resident relocation occurs, and for whatever reason a CIP II relocation slot is not generated. The slot is allocated to the county for use until the new participant reaches the top of the local waiting list or no longer needs services.

The following page illustrates a flow chart explaining the CIP II Relocation Process:

CIP II RELOCATION PROCESS



Commonly Asked Questions

Question 1 – How is a county human/social services agency involved when a nursing home reduces its number of beds, or closes entirely?

- A. First, the human/social service agency located in the county of the nursing home closing or reducing its number of beds, will be notified by the state to become a part of the relocation team. The relocation team includes representatives from the nursing home, the Bureau of Quality Assurance (BQA), the Bureau of Aging and Long Term Care Resources (BALTCR), the Bureau for Developmental Disabilities Services (BDDS), the Bureau for Community Mental Health (BCMh), and a representative of the county's social or human services agency that serves the population being affected by the closing. There are also representatives of the appropriate advocacy groups involved on the team. These include nursing home ombudsmen from the Board on Aging and Long Term Care (BOALTC), as well as staff from the Wisconsin Coalition for Advocacy (WCA). WCA represents various target groups including persons with a developmental disability, the elderly, and, persons with a physical disability.
- B. The residents of the nursing home facility are assessed by county staff or contract agency personnel to determine if the residents are interested in relocating to a community setting. They are also assessed to determine if they can be safely served in such a setting. Options counseling is provided to the residents and/or their decision-makers.
- C. Next, the assessment and case plan are developed by the county care manager and nursing home social worker in the same manner as a regular new plan. The plan should indicate that CIP II relocation funds will be used. Also contact the CIP II coordinator at BALTCR to begin the process of obtaining a CIP II relocation slot. Although much of the responsibility is placed on the nursing home social worker to create an appropriate discharge plan, it is important for the county care manager and the nursing home social worker to partner together to make the transition as smooth as possible for the participant.

Question 2 – Does the relocation team place or choose the new home for the resident who is being relocated?

No. The main function of the relocation team is to monitor the nursing home closing and the process of relocation to ensure the facility is respecting resident rights and abiding by the statutory requirements. The actual placement process—considering individual housing options and making a decision—is done as part of the discharge plan, discharge meetings, and the service plan development process.

Question 3 – How long does a county have to relocate someone from a nursing home that is closing?

The timeframe to complete a relocation starts with the date the Bureau of Quality Assurance (BQA) approves the nursing home's relocation plan. State statutes provide that a nursing home cannot close its doors earlier than:

- a) **90 days** from the date a relocation plan is approved by the Department if

5 to 50 residents are to be relocated.

OR

- b) **120 days** from the date a relocation plan is approved by the Department if **more than 50** residents are to be relocated.

Note: These are the minimum number of days to close. Relocation can, and often does, take longer.

Question 4 – Does the nursing home resident or their family have any say in their relocation?

Yes. Ultimately the decision to relocate rests with the resident or his/her decision-maker. The residents and/or their families will attend the discharge meeting and be involved in creating the discharge plan. Nursing home residents may also choose to have a legal representative or an advocate attend the meetings and advise them on their decision. By law, the nursing home must schedule at least one discharge plan meeting before relocation.

Question 5 – Does the relocation have to be to a waiver allowable setting?

Yes, in order to use an available CIP II slot.

Question 6 – What should be done in situations where a waiver allowable setting is not ready, or the person is too sick to be relocated and requires a hospital stay or further rehabilitation in a nursing home?

In these instances, the Division of Health Care Financing (DHCF) may grant an extension of CIP II availability beyond the facility closing date. The county agency should forward specifics as to why the extension is needed (whether it is due to a need for further rehabilitation, treatment or hospitalization) to BALTCR. The Bureau will then make the request to DHCF. If the extension is approved, the CIP II slot will be made available to the person on the date the bed closes, or the date of discharge to the community.

Question 7 – Can a COP-only CBRF be temporarily used when a nursing home closes and a waiver allowable setting is not yet available?

If a COP-only CBRF is to be used until a waiver allowable setting becomes available, a county must use its own COP funds for this service. If this situation is identified in the relocation plan and the county has its own COP funds for use, the CIP II slot may remain available to the person to use when the waiver allowable setting is available.

Question 8 – Can a person be relocated to the community before the nursing home actually closes?

Yes. The CIP II slot becomes available the day the bed closes, which is the day the person is discharged to the community.

Question 9 – If a person’s service costs exceed the \$40.78/ per diem, can the county still relocate the person?

Yes. It is important to remember that the \$40.78/per diem value of a CIP II slot is intended to be an average cost of a CIP II participant and not a limit on spending. It is expected that while some CIP II participants will cost more than \$40.78 per day, others will cost less. The county’s goal is to maintain average spending at or near the \$40.78 level. The county’s average cost of all their CIP II participants is then compared with the state CIP II per diem. If the cost of a relocated CIP II participant pushes local spending beyond the \$40.78/day average, the county may request a variance on the daily rate.

Another option is if a county determines that the person’s service plan is viable but high cost, the situation may be managed by moving funding sources between participants (e.g., using the newly created CIP II slot for a current Community Options Program – Waiver (COP-W) participant and using the COP-W funds for the newly relocated participant), if COP-W funding is available. Information on how to properly transfer participants between COP-W and CIP II funding can be found on page 135-135b of the Medicaid Waivers Manual.

Question 10 – What happens to the CIP II slot when the participant dies?

The slot remains with the county.

Question 11 – What happens to the CIP II slot if the participant moves to a new county?

If the CIP II participant moves to another county, the slot and funding follows the participant to the new county of residence. This will ensure the participant has continued services. At the same time, the participant should be added to the new county’s waiting list. The funding stays with the new county until the new county is able to fund the participant (e.g., the participant comes to the top of the waiting list). Once the new county is able to fund the participant, the slot reverts back to the county of origin. In the event the participant dies before the new county can fund the service plan, the slot also reverts back to the county of origin.

Question 12 – Are the CIP II slots for nursing home bed closures the same as the CIP II funding sometimes used by counties to relocate someone in a nursing home who is on the waiting list?

No. The CIP II slots that result from nursing home bed closures are PERMANENT slots. LOANED slots (sometimes called relocation loans) are a few extra slots not currently allocated that are primarily used to move a person from a nursing home into the community when there is not a nursing home bed closing. The funding for LOANED CIP II slots is scarce, and the Bureau of Aging and Long Term Care Resources must be contacted to determine if this funding is available.

TIPS TO REMEMBER WHEN NURSING HOME BED CLOSURES OCCUR

- To make for a smooth transition for the participant, it is very helpful to have a good partnership between a county care manager and the nursing home social worker—

good communication and creative care planning are the key. Counties may receive funding for the COP assessment and COP plan but not for the initial care planning process prior to Waiver eligibility. Consequently, much of the responsibility is placed on the nursing home social worker to oversee discharge planning.

- The use of an independent screener may be helpful in some cases. An independent screener can provide an objective assessment identifying nursing home residents who could successfully live in the community. One of the greatest values of an independent screener is that they have no vested interest in the discharge plan. This viewpoint may help others see things differently, such as pre-existing beliefs that a particular individual who has lived in a nursing home for a long time cannot live in the community successfully.
- Some counties find it useful to hire a “relocation worker” to oversee the whole relocation process for the county. This “relocation worker” coordinates screenings, assessment and resident relocations, and helps to educate others in the county about the process.

Please note: Not to be confused with either an independent screener or a relocation worker, there is also a “relocation specialist” from the Bureau of Quality Assurance, who is part of the relocation team. This specialist’s job is to manage the whole relocation process – not individual cases or specific assessments.

- Counties may find it beneficial to designate someone on their staff as a “key relocation worker.” Having someone who is familiar with the relocation process and who is well-versed in CIP II funding can help facilitate the relocation process and save considerable time in the long run.
- It may also be advantageous for the county to begin planning once “rumors” surface about a nursing home closing in their county, instead of waiting until the plan is approved and time is limited.
- In the event the closing of the nursing home, or the reduction of nursing home beds results in the downsizing of staff, a county could look at creatively using nursing home staff as future supportive home care workers for new CIP II participants. This may make service plans more viable.